



City of Wenatchee
Volunteer Commission and Board Application

COMMISSION/BOARD INFORMATION

Board (s) I would like to be considered for: (If more than one, please rank them in order of preference)

_____ Arts Commission	_____ Parks and Recreation Advisory Board
_____ Planning Commission	_____ Greater Wenatchee Bicycle Advisory Board
	_____ Wenatchee Community Center Advisory Board
	_____ Cemetery Advisory Board
	_____ Code Enforcement Board
	_____ Historic Preservation Board
	_____ Museum Board
	_____ Civil Service Board
_____ Diversity Committee	
_____ Police Citizens Advisory Committee	

APPLICANT INFORMATION

Last Name: _____ First Name _____ Initial: _____

Mailing Address: _____ City: _____ Zip: _____

Residency Requirement: Applicants must reside within the City Limits of Wenatchee except the Greater Wenatchee Bicycle Advisory Board, Wenatchee Community Center Advisory Board and the Diversity Committee.

Day Phone: _____ Evening Phone: _____

E-mail: _____ Years lived in Wenatchee Valley: _____

Occupation: _____ Years of Experience: _____

Work Address: _____ City: _____ Zip: _____

Education and Formal Training: _____

Have you ever been convicted of a felony or released from prison? _____ Yes _____ No

(A conviction record will not necessarily bar you from serving. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the position for which you have applied will be considered.)

Volunteer/Community Experience:

Organization and Duties: _____	Length of Service: _____
Organization and Duties: _____	Length of Service: _____
Organization and Duties: _____	Length of Service: _____
Organization and Duties: _____	Length of Service: _____
Organization and Duties: _____	Length of Service: _____

Skills/Special Interests: _____

Experience related to the Commission/Board: _____

Why are you seeking this appointment? _____

Would any conflict of interest be created as a result of your appointment? ____Yes ____No
If yes, please explain: _____

REFERENCES

Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
Occupation: _____ Years known: _____

Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
Occupation: _____ Years known: _____

Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
Occupation: _____ Years known: _____

AFFIDAVIT OF APPLICANT

I, _____, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I also understand that this completed application may be made available for public inspection.

DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND
CONSUMER REPORTS

Important: Please read carefully before signing

An investigative consumer report will be obtained prior to your formal appointment to a City Board or Commission. An "investigative consumer report" consists of, but not limited to: social security number verification, criminal records checks, public court records checks, and driving records checks. You have a right to request disclosure of the nature and scope of the reports.

Before any adverse action is taken, based in whole or in part on the information contained in the reports, you will be provided a copy of the reports, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

Read, Acknowledged and Authorized

I have carefully read and understand this notice and authorization form, and acknowledge receipt of the "Summary of Your Rights Under the Fair Credit Reporting Act" provided to me. By my signature below, I consent to the release of the investigative consumer reports to the City as described above and consistent with the requirements imposed on the City as described in the Summary of Rights.

I understand that, to the extent allowed by law, information contained in my Commission and Board application or otherwise disclosed to the City by me before, during or after my appointment, if any, may be utilized for the purpose of obtaining such investigative consumer reports about me. I understand that my consent will apply throughout the entire time I am associated with the City unless I revoke or cancel my consent by sending a signed letter to the Mayor.

Please Print

Last Name:_____ First Name_____ Middle Initial:_____

Alternative/Maiden Last Name:_____ Alternate First Name:_____

Social Security Number:_____ Date of Birth:_____

Current Address:_____

City:_____ State:_____ Zip:_____

AFFIDAVIT OF APPLICANT

I, _____, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief.

Signed

Date